

# **Medical Savings Accounts System File Formats**

**System Integration Support Contract  
Medical Savings Accounts Demonstration Task  
BPA-97-0519, HCFA SI Order No. 0002**

**January 20, 1999**

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# 1.Introduction

The purpose of this document is to provide insurers who will be offering MSA's with the file formats required to transmit premium, enrollment, disenrollment, and correction data to the HCFA Data Center. It includes the following MSA-specific formats:

- Enrollment/disenrollment transaction file
- Correction transaction file
- Community rated plan premium file
- Transaction exception report
- Plan payment reduction report

This document is intended as a supplement to the Plan Communications User's Guide and the Enrollment and Payment Process User's Guide, and must be used in concert with those publications

## 2. MSA Input File Formats

### 2.1 Enrollment/Disenrollment Transaction (MSA Version)

The Enrollment/Disenrollment Transactions (MSA version) are transmitted from the insurers to the MSA system for new enrollments or disenrollments. The file format is the same as the standard GHP Enrollment/Disenrollment Transaction specified in CHPPS Medicare Managed Care Operational Policy Letter #68 (OPL98.068) with added fields.

#### Header Record

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Header Message	12	1 - 12	"ZZZHEADERZZZ"
[Filler]	21	13 - 33	Spaces
Payment Month	6	34 - 39	MMYYYY (Note that the date should be one month after the scheduled monthly cutoff date; e.g., cutoff date = 5/6/1998, input 6/1998. If the date is incorrect, the file will not be included in the monthly production file.)
[Filler]	79	40 - 118	Spaces

#### Transaction Record

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Claim Number	12	1 - 12	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)

<b><u>Field</u></b>	<b><u>Size</u></b>	<b><u>Position</u></b>	<b><u>Remarks</u></b>
Surname	12	13 - 24	Beneficiary Surname
First Name	7	25 - 31	Beneficiary Given Name
Middle Initial	1	32	Beneficiary Middle Initial
Sex	1	33	Beneficiary Sex Identification Code 1 = Male 2 = Female 0 = Unknown
Date of Birth	8	34 - 41	Beneficiary Birth Date; YYYYMMDD format
[Filler]	5	42 - 46	Spaces
Contract Number	5	47 - 51	GHP Contract Number
Application Signature Date	8	52 - 59	Date the Application was Signed; YYYYMMDD format
Transaction Code	2	60 - 61	Beneficiary GHP Transaction Type Code 51 = Disenroll 60 = Employer Group Enroll* 61 = Enroll
Disenrollment Reason	2	62 - 63	Disenrollment Reason Code; if the code consists of only one character, it should be right justified
Effective Date	8	64 - 71	Beneficiary GHP Effective Enrollment/Disenroll Date; YYYYMMDD format
[Filler]	8	72 - 79	Spaces
Prior Commercial	1	80	Beneficiary GHP Prior Commercial Month Count 0 - 9, A - F = number of months a beneficiary was enrolled in Plan on a commercial basis prior to Plan's Medicare contract; otherwise, blank
SSN	9	81 - 89	Social Security Account Number as it will appear on beneficiary's trustee bank account
Package ID	2	90 - 91	Unique identifier for the particular plan package chosen by the beneficiary; if the ID consists of only one character, it should be left justified
Trustee Routing Number	9	92 - 100	Automated Clearing House (ACH) Routing Number for the trustee institution where the beneficiary maintains a MSA account
Beneficiary Bank Account Number	17	101 - 117	Medical Savings Account (MSA) Number, Bank account number where HCFA will deposit the annual MSA contribution
Beneficiary Account Type	1	118	"C" for Checking, "S" for Savings

★ Action Code 60 is only for HMO Risk Plan employer group submissions.

NOTE: Correction transactions are interspersed with enrollment/disenrollment transactions. They are differentiated by Transaction Code (column 60-61). This code is always "01" for corrections. Only one header record is required for the entire file.

## 2.2 Correction Transaction (MSA Version)

The Correction Transactions (MSA version) are transmitted from the insurers to the MSA system for corrections to enrollments. The file format is the same as the standard GHP Correction Transaction specified in the Plan Communication User's Guide (Release 8/June 1998) with added fields.

### Header Record

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Header Message	12	1 - 12	"ZZZHEADERZZZ"
[Filler]	21	13 - 33	Spaces
Payment Month	6	34 - 39	MMYYYY (Note that the date should be one month after the scheduled monthly cutoff date; e.g., cutoff date = 5/6/1998, input 6/1998. If the date is incorrect, the file will not be included in the monthly production file.)
[Filler]	79	40 - 118	Spaces

### Correction Transaction Record

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Claim Number	12	1 - 12	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
Surname	12	13 - 24	Beneficiary Surname
First Name	7	25 - 31	Beneficiary Given Name
Middle Initial	1	32	Beneficiary Middle Initial
Action Code	1	33	D = Institutional on E = Medicaid on F = Medicaid off G = Nursing Home Certifiable (NHC) on P = 15 or more months prior commercially enrolled. Used to derive Beneficiary Institution Coverage Start/Beneficiary Institution Coverage Term date = last GHP processing month; Beneficiary Medicare Coverage Start/Beneficiary Medicaid Coverage Termination Date = current GHP processing month  M = MSA information correction I = Package ID correction
[Filler]	13	34 - 46	Spaces
Contract Number	5	47 - 51	GHP Contract Number
[Filler]	8	52 - 59	Spaces
Transaction Code	2	60 - 61	Always 01 = Correction

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
[Filler]	2	62 - 63	Spaces
Effective Date	8	64 - 71	Date in CCYYMMDD format; used only with Package ID correction (Action Code "I"); date of correction must coincide with plan enrollment start date
[Filler]	9	72 - 80	Spaces
SSN	9	81 - 89	Social Security Account Number as it will appear on beneficiary's trustee bank account
Package ID	2	90 - 91	Unique identifier for the particular plan package chosen by the beneficiary; if the ID consists of only one character, it should be left justified
Trustee Routing Number	9	92 - 100	Automated Clearing House (ACH) Routing Number for the trustee institution where the beneficiary maintains a MSA account
Beneficiary Bank Account Number	17	101 - 117	Medical Savings Account (MSA) Number, Bank account number where HCFA will deposit the annual MSA contribution
Beneficiary Account Type	1	118	"C" for Checking, "S" for Savings

NOTE: Correction transactions are interspersed with enrollment/disenrollment transactions. They are differentiated by Transaction Code (column 60-61). This code is always "01" for corrections. Only one header record is required for the entire file.

## 2.3 MSA Community Rated Plan Premium file format

Under the MSA option of the Medicare + Choice program (M+C), Medicare funds will be used to purchase a high-deductible health insurance policy. Insurers will electronically register their plan and package information with HCFA in a MSA Community Rated Plan Premium file. The file format required to capture plan package information is shown in the following table:

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Contract Number	5	1 - 5	GHP Contract Number; this is a HCFA-supplied number that supports the negotiated terms and conditions of conducting business within a particular service area.
Package ID	2	6 - 7	Package Type A-Z, a HCFA-supplied ID that represents the type of package; if the ID consists of only one character, it should be left justified
Year	6	8 - 13	Effective year (YYYYMM)
Package Name	30	14 - 43	Formal name of the package under the MSA plan

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
State and County Code	5	44 – 48	State and county code that the contract is written to represent (50007=Balt County)
Plan Premium Rate	7	49 - 55	Plan premium rate per month for this county; amount should include decimal point and two decimal digits

### 3. MSA Output File Formats

#### 3.1 MSA Transaction Exception Report (Data Format)

The MSA Transaction Exception Reports are transmitted from the MSA system to Insurers for errors detected in enrollment/disenrollment/correction transactions. If any errors are detected by the MSA system, the transaction record will be returned to the insurer with the exception code appended to the end of the transaction record. The file format is the same as either the Enrollment/Disenrollment Transaction (MSA version) or the Correction Transaction (MSA version), with the addition of the exception code as the last field. The exception codes are documented in section 4. *Transaction Exception Codes.*

##### 3.1.1 MSA Transaction Exception Report for Enrollment/Disenrollment Transaction

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Claim Number	12	1 - 12	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
Surname	12	13 - 24	Beneficiary Surname
First Name	7	25 - 31	Beneficiary Given Name
Middle Initial	1	32	Beneficiary Middle Initial
Sex	1	33	Beneficiary Sex Identification Code 1 = Male 2 = Female 0 = Unknown
Date of Birth	8	34 - 41	Beneficiary Birth Date; YYYYMMDD format
[Filler]	5	42 - 46	Spaces
Contract Number	5	47 - 51	GHP Contract Number
Application Signature Date	8	52 - 59	Date the Application was Signed; YYYYMMDD format
Transaction Code	2	60 - 61	Beneficiary GHP Transaction Type Code 51 = Disenroll 60 = Employer Group Enroll* 61 = Enroll

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Disenrollment Reason	2	62 - 63	Disenrollment Reason Code; if the code consists of only one character, it should be right justified
Effective Date	8	64 - 71	Beneficiary GHP Effective Enrollment/Disenroll Date; YYYYMMDD format
[Filler]	8	72 - 79	Spaces
Prior Commercial	1	80	Beneficiary GHP Prior Commercial Month Count 0 - 9, A - F = number of months a beneficiary was enrolled in Plan on a commercial basis prior to Plan's Medicare contract; otherwise, blank
SSN	9	81 - 89	Social Security Account Number as it will appear on beneficiary's trustee bank account
Package ID	2	90 - 91	Unique identifier for the particular plan package chosen by the beneficiary; if the ID consists of only one character, it should be left justified
Trustee Routing Number	9	92 - 100	Automated Clearing House (ACH) Routing Number for the trustee institution where the beneficiary maintains a MSA account
Beneficiary Bank Account Number	17	101 - 117	Medical Savings Account (MSA) Number, Bank account number where HCFA will deposit the annual MSA contribution
Beneficiary Account Type	1	118	"C" for Checking, "S" for Savings
Exception Code	3	119 - 121	Transaction Exception Code

### 3.1.2 MSA Transaction Exception Report for Correction Transaction

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Claim Number	12	1 - 12	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
Surname	12	13 - 24	Beneficiary Surname
First Name	7	25 - 31	Beneficiary Given Name
Middle Initial	1	32	Beneficiary Middle Initial
Action Code	1	33	D = Institutional on E = Medicaid on F = Medicaid off G = Nursing Home Certifiable (NHC) on P = 15 or more months prior commercially enrolled. Used to derive Beneficiary Institution Coverage Start/Beneficiary Institution Coverage Term date = last GHP processing month; Beneficiary Medicare Coverage Start/Beneficiary Medicaid Coverage Termination Date = current GHP processing month



<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
			M = MSA information correction I = Package ID correction
[Filler]	13	34 - 46	Spaces
Contract Number	5	47 - 51	GHP Contract Number
[Filler]	8	52 -59	Spaces
Transaction Code	2	60 - 61	Always 01 = Correction
[Filler]	2	62 - 63	Spaces
Effective Date	8	64 - 71	Date in CCYYMMDD format; used only with Package ID corrections (Action Code "I"); date of correction must coincide with plan enrollment start date
[Filler]	9	72 - 80	Spaces
SSN	9	81 - 89	Social Security Account Number as it will appear on beneficiary's trustee bank account
Package ID	2	90 - 91	Unique identifier for the particular plan package chosen by the beneficiary; if the ID consists of only one character, it should be left justified
Trustee Routing Number	9	92 - 100	Automated Clearing House (ACH) Routing Number for the trustee institution where the beneficiary maintains a MSA account
Beneficiary Bank Account Number	17	101 - 117	Medical Savings Account (MSA) Number, Bank account number where HCFA will deposit the annual MSA contribution
Beneficiary Account Type	1	118	"C" for Checking, "S" for Savings
Exception Code	3	119 – 121	MSA Transaction Exception Code

### 3.2 Plan Payment Reduction Report (Data Format)

The Plan Payment Reduction Reports (Data Format) provide a list of plan reduction amounts that occurred during a particular payment cycle for all beneficiaries of a particular MSA plan. The reports are transmitted from the MSA system to HCFA and Insurers. The file format is based on the Monthly Membership Report.

<u>Field</u>	<u>Size</u>	<u>Position</u>	<u>Remarks</u>
Contract Number	5	1 – 5	GHP contract number
Run Date	8	6 – 13	YYYYMMDD format; the date on which this report was generated by MSA
HCFA Payment Month	6	14 – 19	YYYYMM format; the month for which the calculated beneficiary payments are effective

<b><u>Field</u></b>	<b><u>Size</u></b>	<b><u>Position</u></b>	<b><u>Remarks</u></b>
MSA Calculation Month	6	20 – 25	YYYYMM format; the month in which MSA deductions and adjustments are applied to the plan's payment from HCFA
Claim Number	12	26 – 37	Nine-byte SSN of primary beneficiary (Beneficiary Claim Account Number); two-byte BIC (Beneficiary Identification Code); one-byte filler (except RRB)
Surname	12	38 – 49	Beneficiary Surname
Sex	1	50	Beneficiary Sex Identification Code M = Male F = Female U = Unknown
State/County Code	5	51 – 55	The state and county of the beneficiary's residence
YTD Disburse to Beneficiary	11	56 – 66	Year-to-date net total of disbursements to the Beneficiary's MSA trustee account; amount should include decimal point and two decimal digits
YTD Reduction to Plan	12	67 – 78	Year-to-date net total of reductions to the plan's capitated amount; amount should include decimal point and two decimal digits
Number of Months	2	79 – 80	The number of months affected by this item. When adjustment reason is blank, # Months=1
Adjust Reason Code	2	81 – 82	Adjustment Reason Code
Payment Start Date	6	83 – 88	YYYYMM format; the beginning date of the period for which the payment/adjustment is being made
Payment End Date	6	89 – 94	YYYYMM format; the ending date of the period for which the payment/adjustment is being made
Part A - Payment Amount	11	95 – 105	The amount of the payment representing a Part A payment; should include decimal point and two decimal digits
Part B - Payment Amount	11	106 – 116	The amount of the payment representing a Part B payment; should include decimal point and two decimal digits
Total Payment Amount	12	117 – 128	Total of the Part A amount and the Part B amount; should include decimal point and two decimal digits

## 4. MSA Transaction Exception codes

The following Transaction Exception codes appear in the MSA Transaction Exception file:

#### 001 – Invalid Transaction Code

An enrollment or correction transaction attempted to process. The transaction was rejected because the supplied input transaction code was an invalid value. The valid transaction code values are 01, 51, 60, and 61. The transaction should be resubmitted with a valid transaction code.

#### 004 - Beneficiary Name Required

An enrollment or correction transaction attempted to process. The transaction was rejected because the beneficiary name was not included in the enrollment transaction record. To process an enrollment transaction for a beneficiary not yet in the GHP System, Medicare entitlement data must be retrieved from the Health Insurance System. Beneficiary name is a required element in the search performed against the Health Insurance System. The enrollment transaction should be resubmitted with beneficiary name included.

#### 007 - Invalid Claim Number

An enrollment or correction transaction attempted to process. The transaction was rejected because the number was not in a valid format. The valid format for a claim number could take one of two forms:

- HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions alphanumeric.
- RRB is a 7 to 12-position value, with the first 1 to 3 positions alpha and the last 7 to 11 positions numeric.

#### 037 - Enrollment Rejected, Invalid Date

An enrollment or transaction attempted to process. The enrollment was rejected because the submitted enrollment effective date was either an invalid numeric value or a date more than 3 months in the future. The transaction should be resubmitted with a valid date (YYYYMMDD format).

#### 050 - Disenrollment Rejected, Not Enrolled

A disenrollment transaction attempted to process. The disenrollment was rejected because the beneficiary was not currently enrolled in the plan.

#### 051 - Disenrollment Rejected, Invalid Date

A disenrollment transaction attempted to process. The disenrollment was rejected because the submitted disenrollment effective date was either an invalid numeric value or a date more than 3 months in the future. The transaction should be resubmitted with a valid date (YYYYMMDD format).

#### 060 - Correction Rejected, Not Enrolled in Plan

A correction transaction, submitted by a plan, attempted to process. The correction was rejected because the beneficiary was not enrolled in the plan in the transaction record. Plans are not permitted to process transactions against beneficiaries that are not enrolled in their plan. The transaction should be resubmitted with the correct plan number.

#### 101 – Beneficiary Not Found in MSA system

A disenrollment or correction attempted to process. The transaction was rejected because the claim number was not found in the MSA system. The transaction should be resubmitted with a valid claim number.

#### 102 –No Match on SSN

A transaction attempted to process. A beneficiary was found in the MSA system with the claim number supplied, but the beneficiary's SSN in the MSA system does not match the SSN supplied in the incoming transaction record. The transaction should be resubmitted with the correct SSN.

#### 104 - Missing or Invalid Contract Number

A transaction was rejected because the contract number field was missing or had an invalid value.

#### 105 - Missing or invalid Application Signature Date

An enrollment or disenrollment transaction was rejected because the application signature date field was missing or had an invalid value. The transaction should be resubmitted with a valid date (YYYYMMDD).

#### 106 - Missing or Invalid Disenrollment Reason

A disenrollment transaction was rejected because the disenrollment reason field was missing or had an invalid value.

#### 107 - Correction Rejected, Invalid Date

A Package ID correction transaction was rejected because the effective date was invalid. To correct the Package ID of a MSA enrollment, the effective date of the correction must be the same as the enrollment date.

#### 108 – Enrollment Warning: Missing or Invalid SSN

An enrollment transaction was missing or had an invalid SSN. The transaction was processed and submitted to the GHP system. The SSN must be corrected by contacting the MSA Administrative Office.

#### 109 - Enrollment Warning: Missing or Invalid Package ID

An enrollment transaction was missing or had an invalid package ID. The transaction was processed and submitted to the GHP System. The package ID must be corrected with a correction transaction.

#### 110 - Enrollment Warning: Missing or Invalid Trustee Routing Number

An enrollment transaction was missing or had an invalid trustee routing number. A valid trustee routing number is an alphanumeric value not longer than 9 characters, and must be the routing number of a trustee that has been previously set up in the MSA system. The transaction was processed and

submitted to the GHP System. The trustee routing number must be corrected with a correction transaction.

111 - Enrollment Warning: Missing or Invalid Bene Bank Account Number

An enrollment transaction was missing or had an invalid bene bank account number. A valid bene bank account number is an alphanumeric value not longer than 17 characters. The transaction was processed and submitted to the GHP System. The bene bank account number must be corrected with a correction transaction.

112 - Enrollment Warning: Missing or Invalid Beneficiary Account Type

An enrollment transaction was missing or had an invalid beneficiary account type. The transaction was processed and submitted to the GHP System. The beneficiary account type must be corrected with a correction transaction. The valid values are "C" for checking and "S" for savings.

113 - Missing Value for Correction Transaction

A correction transaction was rejected because the following fields were not included on the correction transaction: package ID, trustee routing number, bene bank account number, and beneficiary account. The transaction should be resubmitted with at least one of these fields included.

114 - Correction Rejected, Invalid Package ID

A correction transaction was rejected. The package ID supplied on the incoming record had an invalid value.

115 - Correction Rejected, Invalid Trustee Routing Number

A correction transaction was rejected. The trustee routing number supplied on the incoming record had an invalid value.

116 - Correction Rejected, Invalid Bene Bank Account Number

A correction transaction was rejected. The Bene Bank Account Number supplied on the incoming record had an invalid value.

117 - Correction Rejected, Invalid Beneficiary Account Type

A correction transaction was rejected. The beneficiary account type supplied on the incoming record had an invalid value. The valid values are "C" for checking and "S" for savings.

118 - Invalid MSA Correction Action Code

A correction transaction attempted to process. The transaction was rejected because the supplied action code was invalid. The valid action code values are D, E, F, P, I, and M. The transaction should be resubmitted with a valid action code.

119 - Enrollment Rejected, Not Annual Coordinated Election Period

An enrollment transaction was rejected because the application was not within the Annual Coordinated Election Period.

120 - Enrollment Rejected, Demonstration Limit Exceeded

An enrollment transaction was rejected because the number of beneficiaries enrolled in MSA plans exceeded the MSA demonstration limit.

121 - Disenrollment Rejected, Not Annual Coordinated Election Period

A disenrollment transaction was rejected because the application was not within the Annual Coordinated Election Period and the beneficiary had a previous MSA enrollment.

122 - Disenrollment Rejected, Not Revocation Period

A disenrollment transaction was rejected because the application was not within the Revocation Period.

123 - Correction Rejected, Package ID Correction Date Must Coincide with Enrollment Date

A correction transaction was rejected. The transaction attempted a package ID correction, and the Effective Date supplied was not the same as the enrollment date of the beneficiary. Package ID correction date must coincide with the enrollment date. The transaction should be resubmitted with the right Effective Date.

124 - Package ID Correction Accepted as Submitted

A transaction to correct the package ID of a beneficiary has been completely processed. The package ID of the beneficiary was corrected in the MSA system.

125 - Trustee Account Information Correction Accepted as Submitted

A transaction to correct the trustee account information of a beneficiary has been completely processed. The Trustee Routing Number and/or Bene Bank Account Number and/or Beneficiary Account Type were corrected in the MSA system.

126 - Disenrollment Rejected, the Submitted Effective Date was Invalid

A disenrollment transaction was received during the Annual Coordinated Election Period or the Revocation Period. The disenrollment was rejected because the submitted Effective Date was invalid. Voluntary disenrollments submitted during these periods must have an Effective Date set to the first day of the following year.